

Exhibit 19

22C 449799

Mundy Pain Clinic P.C.

6240 Rashelle Drive, Suite 103

Flint, MI 48507

Phone: 810-232-9800

Fax: 810-232-7710

INITIAL EVALUATION

Patient ID: 5270

Patient Name: Date of Birth:

Date of Accident: 03/08/2011

Date of Reevaluation: 04/07/2011

Page 1 of 1

SUBJECTIVE: This is the patient's first visit to this clinic and first time seeing the undersigned. He was involved in an auto accident on March 8, 2011. He is 40 years of age. On that day, he was traveling in a truck, he is in the building trade, and he was in the passenger front seat. They were hit by another vehicle and as far as they determined the driver who hit them was drunk. The driver then tried to flee the scene of the accident and the truck driver followed him and managed to catch up with him and with the help of a Coca-Cola truck apprehended him. Then the police was called. The patient himself was brought to the emergency room by ambulance where he had extensive bone scanning and test and allowed home on Vicodin and advised to follow up with his own doctor. He followed up with his own doctor and he was referred to this clinic for follow up treatment referred being made by legal services.

OBJECTIVE FINDINGS: He is quite disabled. Complete physical examination is performed and the results are in the chart. The point, which stand out at this time are:

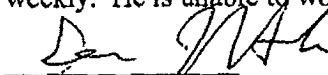
1. His need for a walking cane.
2. His inability to work.
3. His weakness in grasping both arms.
4. His inability to lift his legs more than 20 to 30 degrees. He presents his level of pain in his back and neck as about 6 to 8/10, neurologic examination, neurologic examination, and difficulty with limb movement as above described.

ENT examination is normal. Pupils are equal, round and reactive to light and accommodation. Chest clear. Heart, regular and no murmur. The patient never had been ill before, but is disabled at this time due to traumatic injuries. There is no unilaterality of abnormal neurological signs.

ASSESSMENT AND DIAGNOSES:

1. Whiplash type injury with inability to move his neck muscles comfortably.
2. General disability and needing a cane.
3. Pain in the thoracic and lumbosacral spine and inability to walk, jump, coordinate his legs as normal. Never in an accident before. Never hospitalized.

PLAN AND TREATMENT: The patient needs an MRI of his cervical spine and lumbosacral spine. He needs Vicodin and Soma for pain. He needs therapy three times weekly. He is unable to work. I will see him again in one month.


Sean P. Hobart, M.D.

Transcribed by JJ Medical Systems DD: 04/07/11 DT: 04/08/11 SD

Sean J. Hoban, M.D.

Internal Medicine Associates of Flint, P.C.

Linden Bristol Medical Center

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Flint, MI 48507

Phone: 810-733-0809/Fax: 810-733-8433

DOS: 02/02/09

DATE OF ACCIDENT: 01/01/09

SUBJECTIVE:

This is this patient's first visit to our office. She apparently was involved in an automobile accident on 01/01/09. She was seated in the back seat of a car behind the driver, and the car was involved in a crash with another car here in the city of Flint. The police were called and she was brought to Hurley Hospital, where a diagnosis of injuries to her head, zygoma and neck were made. She had a CAT scan of her neck, according to herself, and a chest x-ray, both of which showed no acute injury.

OBJECTIVE:

She is 81 years old. Blood pressure: 135/80. She does have a history of hypertension. ENT: Essentially normal, except that she cannot twist her neck, in so far as she has muscle spasm of her cervical muscles. Tendon reflexes are within normal limits. There is no clinical evidence of abnormal neurological findings, not consistent with her age.

DIAGNOSIS/ASSESSMENT:

1. Whiplash to neck.
2. Contusions to left zygoma.
3. Possible closed head injury.

PLAN/TREATMENT:

We recommend physiotherapy three times weekly. No indications at this time for analgesics. She said that she takes Tylenol at home, which she finds sufficient.

Sean Hoban, M.D./lsb 02/04/09
Dictated, but not read.

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Sean J. Hoban, M.D.

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A812563

DOS: 12/31/08

DATE OF ACCIDENT: 11/22/08

SUBJECTIVE:

This is [] first visit to our office. She was injured in a car accident on 11/22/08. Apparently the person who hit the back of her car fled the accident with his car, but was traced by police and apprehended. She was brought to Hurley Hospital, where she was there for four hours. She sustained injuries to her neck, high back and low back. She attended her own physician on the following day who advised her she could not work and needed physiotherapy, but she has been waiting for a physiotherapy appointment since that day. Nobody has called her and so she ended up here and we have arranged for her to have physiotherapy.

OBJECTIVE:

She is quite a sincere patient and works in a hair salon. She states, and I believe her, that she is not able work. She is unable to raise her arms above her head. She states that in her own physician's office her blood pressure was high, but blood pressure today is 120/80. She does have significant stiffness of her neck and is unable to raise her arms comfortably above her head due to the spasm and pain in her high back muscles. When diagnosed in Hurley, they advised her she had a whiplash-type injury and lumbosacral strain and examination confirms their diagnosis. She, however, states that the pain became worse a week or two afterwards. She tried to put on alternating heat and cold at home with some success.

DIAGNOSIS/ASSESSMENT:

1. Whiplash-type injury with radiation of pain into the lower latissimus dorsi muscles in the thoracic spine and also into her shoulders.
2. Lumbosacral strain.

PLAN/TREATMENT:

Prescription given for Vicodin Extra Strength for pain 1 q6h and Soma for muscle spasm, 350 mg 1qid. She is also advised that she should not work at this time. We are arranging for her to attend physiotherapy ASAP. This is New Years Eve, so our secretary is trying to get her in for a treatment today. She will need physiotherapy treatment to neck and low back three times weekly.

Sean Hoban, M.D./lsb 01/07/09

Dictated, but not read.

Mundy Pain Clinic P.C.

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FOLLOWUP VISIT

Patient ID: 5750
Patient Name:
Date of Birth:
Date of Accident: 04/03/2011
Date of Reevaluation: 05/05/2011

Page 1 of 1


SUBJECTIVE: returns again today relative to the accident, which he was involved in on April 3, 2011. He was seen here on April 12, 2011 and we had decided that he needs MRIs of his low back and neck. On that day, we arranged for him to have MRI, but apparently due to some mixup our slowness regarding claim numbering, this has not yet been done.

He still continues to complain of pain in his neck and shoulders and this is due to a whiplash type injury. He has some numbness in his left arm and this still persists. He is naturally upset because his MRI investigations are not yet performed and he did not completely happy with the lack of progress of a legal nature due to this failure to have his complete investigations and finalized in a faster manner. He also has found that he is running out of Vicodin and Soma prior to the amount given to him and we will increase the Vicodin today to Vicodin #90 and to Soma #90 one every eight hours. He will also continue to require physiotherapy.

ASSESSMENT AND DIAGNOSES:

1. Whiplash type injury with just minor improvement.
2. Low back pain with just minor improvement and continuous need for physiotherapy and medications for pain and muscle spasm.

PLAN AND TREATMENT: The patient's biggest need at the moment is for MRIs of his neck and low back and he is going to arrange with our secretary here, Candice, to try and speed this process up and he is going to call his own legal advisors to have the process speeded up. Otherwise, he will change them. He also needs EMGs of his arm and legs and will be seen again in one month. In the meantime, he has to continue taking physiotherapy three times weekly to both arms and low back. We are also giving him some home healthcare two to four hours per day and complete care for all heavy work as he is permanently disabled.


Sean P. Moban, M.D.

Transcribed by JJ Medical Systems

DD: 05/05/11

DT: 05/06/11

BP

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FOLLOWUP VISIT

Patient ID: 5270
Patient Name:
Date of Birth:
Date of Injury: 03/08/2011
Date of Reevaluation: 05/03/2011

Claims Imaging

JUN 27 REC'D

Page 1 of 1

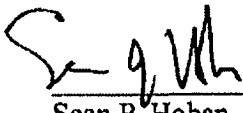
SUBJECTIVE: This patient was seen here for the first time on March 8, 2011. He had been involved in an auto accident with a person whose vehicle hit him, tried to flee the scene, and was subsequently caught by police and charged for drunken driving. The patient himself has had a difficult few weeks. He has to use a cane. His neck and low back are extremely painful. He is unable to sleep. He states that when he went to the emergency room, they advised him he had fractures of his low back. He is scheduled to have an MRI to confirm and investigate the extent of his injuries this coming Saturday.

OBJECTIVE: He sits in a wheelchair position and needs his cane. He states he has pains in his neck. He cannot sleep. The pains in his neck cause him numbness in his arms and paresthesia. He also walks with difficulty.

ASSESSMENT AND DIAGNOSES:

1. Whiplash type injury, neck.
2. Lumbosacral type musculoskeletal injury, low back.

PLAN AND TREATMENT: Refill on Vicodin, Soma, and Ambien for sleep and the patient should be seen again in one month after which we will have MRI report returned and finished. He should continue physiotherapy three times weekly for the present and since we are noting that this patient had never been in an accident before. The _____ regarding his _____ injuries.



Sean P. Hoban, M.D.

Transcribed by JJ Medical Systems

DD: 05/03/2011

DT: 05/04/2011

KW

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DOS: 09/18/09

DATE OF ACCIDENT: 08/10/09

SUBJECTIVE:

[] returns today relative to the injuries that she sustained on 08/10/09. She tries to put the best side out and she does not overplay her complaint. But on questioning, she does admit to significant pain in the right arm and significant numbness on the right upper arm. Numbness is confirmed grossly by pinpoint. She has difficulty working with the right arm. I suspect that this is secondary to the whiplash injury of her neck and I think an MRI will be necessary for her cervical spine. She may require an EMG of the upper extremities. Her dominant pains and disability and disruption of her lifestyle are due to the injuries to her neck. She has plaster analgesia applied by a physiotherapist to her neck and she will continue to require therapy to the neck. Her low back is still painful, but improved. She is a very good patient who does not exaggerate her complaints.

OBJECTIVE:

Chest is clear. Heart regular. She holds her right arm with her left hand because of the fact that it is moderately disabled and numb. She sits in a position of pain.

DIAGNOSIS/ASSESSMENT:

1. Whiplash injury neck with radiculopathy right arm and numbness.
2. Low back pain.

PLAN/TREATMENT:

The patient will require an MRI of her cervical spine and may require an MRI of her low back, but we will wait and see on her back. She will certainly also require an EMG of both upper extremities. We will have to give her some medication and muscle relaxants to help her pain. We will continue therapy and disability. We will see her again on one month.

PS: At the end of this call, Bethany does share with me the problems that the numbness of her arm has affected her intellectual ability and she has failed one of her classes. This had never happened before. So it is indicative of further need for further investigation, which we have arranged today, in so far as we requested an EMG and an MRI of the neck.

Sean Hoban, M.D./lsb 09/21/09
Dictated, but not read.